

JC657

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## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	M		02/15/01
<b>O.I.P.E. CLASSIFIER</b>		19	3/5/01
<b>FORMALITY REVIEW</b>	Ym	657	3/13/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
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50 ✓	

Claim	Date
Final	Original
51 ✓	
52 ✓	
53 ✓	
54 ✓	
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62 ✓	
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100 ✓	

Claim	Date
Final	Original
101 ✓	
102 ✓	
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146 ✓	
147 ✓	
148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy